

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/526356

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
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11		10		10		
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36		35		35		
37		36		36		
38		37		37		
39		38		38		
40		39		39		
41		40		40		
42		41		41		
43		42		42		
44		43		43		
45		44		44		
46		45		45		
47		46		46		
48		47		47		
49		48		48		
50		49		49		
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	25	←	1	←		←
TOTAL CLAIMS	26		2			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						